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June 3, 2021

VIA EMAIL

Robert Kerr
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Rkerr@scdhhs.gov;
LYNCHJEN@scdhhs.gov

RE: Follow-up from the Subcommittee meetings with the agency

Dear Director Kerr:

The Healthcare and Regulatory Subcommittee appreciates the Department of Health and Human Services continued partnership in the oversight process. The agency's presentations regarding finance, eligibility, program integrity, and managed care have been informative.

As a follow up to the meeting on May 24, 2021, the Subcommittee requests the agency provide written responses to questions. Please provide this information by Wednesday, June 23, 2021.

Please note the Subcommittee cannot accept any confidential information that cannot be placed online and that all correspondence received from agencies who have been or are currently under study is sworn testimony.

Agency Contracts

1. Evaluate and provide a summary of current inter-agency and stakeholder partnerships, collaborations, or contractual agreements. Summary should include notable findings and changes the agency believes should be implemented.

Metrics and Evaluation

2. The agency has a metric that requires 95% of beneficiaries receive primary care services within 10 miles and 15 days.
 - How can DHHS influence the distance and length of time it takes for a beneficiary to access primary care?
3. How does the agency measure or track consumer defined value?
4. What year, of the three year cycle, is the agency's current quality improvement strategy?
 - Does the agency have a defined process for developing its strategy? If so, please describe the process.
 - Who approves the strategy?
5. How does the agency evaluate the effectiveness of MCO quality strategies?
6. Explain how higher performing plans are assigned more members.
 - Are Medicaid MCOs aware of the number of "annual auto assignments" and the total number they received?
7. Testimony was received stating that approximately \$75 million would flow back to the agency from MCOs due to risk corridor provisions.
 - Could this funding be directed towards primary care as an enhanced payment?
8. The agency testified it is working on its Quality Strategy 2022. Please identify the key components of the strategy (e.g., goals, desired outcomes, metrics, etc.).
 - Based on information and data currently available to the agency, which social determinants of health have the greatest impact on the South Carolina Medicaid population?
 - Are there ways in which the General Assembly could assist the agency with its focus on social determinants of health?

South Carolina Birth Outcomes Initiatives

9. What interventions have been put in place by the agency that directly correlate to the South Carolina Birth Outcomes Initiative (SCBOI) successes?
 - Is the SCBOI dashboard assessable via the DHHS website? If no, please provide the address.

Quality Through Technology and Innovation in Pediatrics (QTIP)

10. How many pediatric practices are currently participating in the QTIP project?
 - Are providers incentivized to participate in this program?
11. Does the agency have a formal QTIP strategy? If so, what are the key components of the strategy (e.g., goals, objectives, etc.)?
 - Please identify the metrics used to evaluate the effectiveness of the QTIP project. Provide the most recent results.
12. How many pediatric practices are there in the state and how many of them are you actively engaged with?
 - Please provide a list of all the pediatric practices currently involved with QTIP (include zip code).
13. How many on-site visits, monthly calls, and workshops do you conduct annually?
 - Are there regions of the state, or counties, that have low pediatric practice participation rates?
14. What is the agency doing to ensure that it has an equitable distribution of provider participation across the state?
15. If the agency were to put a dollar value on the training and technical assistance available to providers, what would that amount to?

BabyNet

16. Please identify the metrics used by the agency to determine the effectiveness of the BabyNet program (e.g. clinical metrics, non-clinical, etc.).
17. Does the agency survey families regarding their satisfaction with BabyNet services?
18. What is the average age of a child upon entry into the BabyNet program?
 - Does the agency believe that qualifying children are entering the program early enough? If no, why?

19. Are obstetricians, who participate in the Medicaid program, required to provide information regarding BabyNet to expectant mothers?
 - Are there any statutes or regulations that would prevent the agency from implementing such a requirement?
20. Are pediatricians, who participate in the Medicaid program, required to inform or refer patients to the BabyNet program if they diagnosis a qualifying condition?
 - Can the agency require Medicaid providers to provide BabyNet information and refer patients?
21. How does the agency educate physicians, healthcare professionals, early childhood workers (e.g., daycare workers, etc.) and the public about the BabyNet program?
 - Does the agency have metrics to determine the effectiveness of its BabyNet messaging and communication? If so, please identify the metrics and the most recent results.
22. Does the agency collect data from the Department of Education, school districts, or Department of Social Services, to determine if children with known qualifying conditions received BabyNet services?
23. Does the agency project the total number of children likely to require BabyNet services annually? If so, please provide the methodology.
24. Based on agency projections and national data regarding conditions that qualify for BabyNet services, what percentage of children in this state qualify for BabyNet services annually, but likely are not receiving those services (provide data to support answer) due to lack of enrollment?
25. Is the agency confident that parents with qualifying children are aware of BabyNet? If so, why?
26. Agency data reported that approximately 27% of BabyNet referrals were a result of the Child Abuse Prevention & Treatment Act.
 - Who makes these referrals?
27. How many staff are assigned to the BabyNet program?
28. Is staff productivity measured? If so, what metric is used?
29. How long does it generally take for a family to receive services following the initial referral?
30. What findings were observed following the implementation of program monitoring?

Behavioral Health Benefit

31. Please summarize the issues and concerns the agency receives from behavioral health providers regarding the Medicaid behavioral health benefit.
32. The agency concurred that the state of South Carolina does not have an adequate number of psychiatric beds for acute stabilization.
- Does the agency know how many Medicaid patients were unable to access a bed for acute stabilization in a timely manner in FY19-20?
 - a. What were the minimum, maximum, and median wait times?
 - Does the agency have a strategy for reducing chronic use of emergency room services by serious and persistent mental illness patients? If so, please identify the metrics and the most recent results.
33. What is the average length of stay for a Medicaid patient receiving acute inpatient services?
- How many days will Medicaid cover acute inpatient services?
34. What is the average hospital charge for an acute inpatient visit based on the average length of stay of the typical Medicaid patient?
- How much of that charge would be reimbursed by Medicaid?
35. Please define “crisis intervention”.
- Does the agency have adequate resources to support crisis intervention services?
36. How many Medicaid beneficiaries receive crisis intervention services annually?
37. Please define “mobile crisis services”.
- How many site visits does the mobile crisis unit make annually?
 - Provide a list of locations visited in FY19-20.

Autism Spectrum Disorder (ASD) Treatment Services

38. How many total ASD providers are there in the state? How many serve Medicaid beneficiaries?
- How does the agency determine rates?
39. Please provide a reimbursement rate analysis comparing South Carolina to other states in the southeast.

40. The agency contracted with University of South Carolina and Clemson to administer grants with the intent to grow the ASD provider community.
- How long has the agency had contractual agreements with each University?
 - How much funding has the agency provided these entities over the duration of the contracts?
 - Has the agency realized the returns it expected to see through these contractual arrangements?
 - Do contracts include any performance metrics to determine the effectiveness of the grant program? If so, please identify the metrics and the most recent results.
 - Do the two entities have a similar performance record? Please explain.
41. What has been the impact of the two rate increases? How have these increases impacted the provider market?
42. Testimony was received at the last meeting stating that there are approximately 690,000 children with full benefit membership.
- According to the CDC 1 in 54 8-year-old children have been identified with autism. Does the agency's ASD enrollment correlate with the national rate of diagnosis?

Therapeutic Foster Care

43. How much does the agency reimburse therapeutic foster care providers?
- Is the reimbursement rate competitive enough to incentivize participation?
44. Does the agency have regularly scheduled meetings with the Department of Social Services to discuss issues specific to therapeutic foster care and member access?
- How many therapeutic foster care providers are in the state?
 - Please provide a daily rate schedule.
 - When did the agency last increase rates?

Opioid Crisis

45. A significant amount of resources have been allocated to mitigate the opioid crisis, but death rates continue to increase.
- Identify resources needed by the agency to continue combatting opioid crisis.

- What metrics are being tracked by the agency to gauge the effectiveness of its opioid abuse mitigation strategy?
- Is there anything that the General Assembly needs to do to assist the agency with its opioid mitigation efforts?

46. Does the agency have regularly scheduled meetings with the Department of Alcohol and Other Drug Abuse Services to discuss opioid data and service utilization?

COVID-19 Response

47. Does the agency plan to hold any additional COVID-19 webinars for legislators and providers?

48. If the COVID-19 policy modifications were in place during a “normal” non-COVID-19 period, does the agency believe members would receive better care and have greater access to care?

49. When will the agency complete its evaluation of telehealth benefit changes?

50. Does the agency plan to produce a formal internal COVID-19 agency response assessment once the public health emergency has been lifted?

Waivers

51. Please identify each waiver, the length of time the waiver has been active, and the population it serves.

52. Does the agency require assistance from the General Assembly to address challenges specific to members receiving services through waiver programs (e.g., Head and Spinal Cord Injury, Intellectual Disability and Related Disabilities)?

53. What is the agency’s internal process for developing waiver solutions designed to improve health outcomes?

- Where do ideas for waivers originate?

54. What methodology does the agency use to determine if a waiver program meets all of the Center of Medicare and Medicaid Services requirements?

55. Has CMS required the agency to submit a remediation plan at any point in the last 3-5 years? If so, please identify the affected waivers and the reason for the remediation designation.

56. Does the agency plan to allow any of its existing waivers to expire after the approved five-year period? If so, why?

57. Does the agency have a formal documented process for ensuring that waiver renewal applications are submitted on time?

58. In the past 3-5 years, has the agency failed to renew an application due to it being rejected by CMS?
59. How do providers, members, or potential members learn about these waivers?
- Does that agency’s website provide definitions, resources, and other information specific to these waivers on its website? If so, is this information easily found?
60. Do any of the waivers provide coordinated support specifically for sickle cell disease? If no, can the agency submit a waiver specifically to address sickle cell disease?
61. What is the agency’s process for identifying and contracting with vendors who provide covered services for waiver programs?
- How does the agency evaluate the services provided by these vendors?
62. The Community Supports waiver has an individual cost limit for services.
- What is the cost limit?
 - Is the individual cost limit a “life time” limit or an annual amount per year limit?
63. What are the most significant challenges the agency encounters with the medically complex children waiver population?
- Does the agency need or require assistance from the General Assembly to address these challenges?

Department of Disabilities and Special Needs (waivers)

64. The Department of Disabilities and Special Needs (DDSN) customer base qualifies for several waivers (e.g., Head and Spinal Cord Injury, Intellectual Disability and Related Disabilities).
- Please discuss the relationship between DHHS and DDSN? How do the two agencies ensure member access to services?
 - How does DHHS ensure that the duration of its administrative processes do not negatively impact clinical outcomes?
 - Does the agency track the amount of time it takes to complete administrative processes?
 - Does DHHS track metrics to evaluate waiver performance? If so, please identify these metrics and provide current results.
65. Please explain the nature of your joint Head and Spinal Cord Injury (HASCI) waiver efforts with the South Carolina Department of Disabilities and Special Needs.

- Do DHHS and DDSN have a common set of metrics to determine the effectiveness of the HASCI waiver?

66. Please explain the nature of your joint Intellectual Disability/Related Disability (ID/RD) waiver efforts with the South Carolina Department of Disabilities and Special Needs.

- Do the agencies have a common set of metrics to determine the effectiveness of the ID/RD waiver?

67. For the past several years, DDSN has requested recurring general funds to support their Head and Spinal Cord Injury (HASCI) Waiver slots.

- Does DHHS provide reimbursement for services provided to this patient population? If so, why would DDSN request recurring general fund support?

Department on Aging

68. The Department on Aging and DHHS both provide services and assistance to elderly South Carolinians.

- Does DHHS collaborate with the Department on Aging to inform the public about services?

Replacement Medicaid Management Information System (RMMIS)

69. Is the Medicaid Management Information System (MMIS) multiple systems?

- If yes, will disparate systems create a need for interfaces or costly upgrades in the future?
- Do any external state agencies require access to the MMIS (e.g., Department of Mental Health, Department of Disabilities and Special Needs, Department of Health and Environmental Control, Department of Social Services, etc.)?
- Does DHHS access external agency data through the MMIS (e.g., Department of Mental Health, Department of Disabilities and Special Needs, Department of Health and Environmental Control, Department of Social Services, etc.)?

70. The agency is utilizing multiple vendors to develop it RMMIS.

- Will disparate IT systems, developed by different vendors, create a system interfacing issue in the future?

71. Is the 75% federal financial participation for operations a permanent source of funds or does it go away after a specified time?

72. When does the agency expect to receive final CMS certification for its system?

73. Will the agency be able to reduce the amount staff administrative hours (e.g., manual entry, etc.) dedicated to the existing system once the new system is fully implemented?
74. How will the new system improve employee productivity?
75. Please provide a timeline for completion and integration of each of the modules associated with the RMMIS.
76. Please identify the administrative issue(s) resolved by each of the modules recently completed or scheduled for implementation.
77. When will the agency be able to completely retire legacy components of its old system?
78. Does the agency need any additional support from the General Assembly to complete or expedite the RMMIS project?

Communications

79. Does the agency have a formal marketing and communications strategy?
- If so, how does the agency evaluate the effectiveness of its marketing and communications strategy?
 - Does the agency have a goal for total social media followers by platform?
80. What agency metrics are specific to the marketing and communications strategy? Who is held accountable for metric outcomes?
81. When did the agency last do a complete user experience audit of its website? Does the agency have a documented user experience audit schedule?
82. Can the public access the agency's social media accounts via the agency's website? If so, are the links to these accounts visible on the main page of the website?
83. Does the agency have a social media strategy? If so, what metrics does the agency track to evaluate the strategy's performance?
84. Does the agency know which forms of communication are most effective?
85. How does the agency determine if providers are receiving and reacting to agency communications?
86. Please explain the community-based organization communication strategy, and note how many organizations are partnered with DHHS?

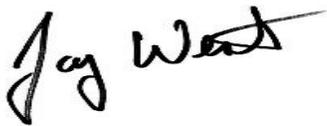
87. Do members automatically receive the e-newsletter upon enrollment or do they have to sign up for it?

- Does that agency text updates and other reminders to members?

88. Does the agency evaluate Medicaid MCO communication strategies or require certain types of communication be utilized to engage members and other stakeholders?

The Subcommittee looks forward to working collaboratively with the Department of Health and Human Services. Thank you and your team for your service to the people of South Carolina.

Sincerely,

A handwritten signature in black ink that reads "Jay West". The signature is written in a cursive, slightly slanted style.

John Taliaferro (Jay) West, IV

cc: Healthcare and Regulatory Subcommittee